

No. 1070

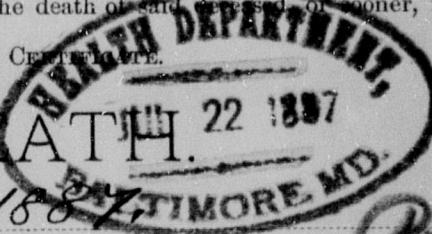
The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 1610 Office of Registrar of Vital Statistics. Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty four hours after the death of said person, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 70 Years, Months, Days.

Color, White.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 50 years.

Place of Death, { Give Street and Number. }

Cause of Death, { First (Primary), Second (Immediate), }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cen.

Date of Burial, July 24/87

Undertaker, W. J. Pickert & Sons R. J. H. Tall, M. D.

Medical Attendant.

Place of Business, 221 Eutaw St. Address, 524 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate

Health Department, City of Baltimore.

Permit No. A. 1611

Office of Registration of Vital Statistics.

Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents.

Sex, Male or Female, { Cross out the word not required in this line.

Age, Years, 3 Months, 15 Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. Single

Occupation, None

Birth Place, { State or country, and how long in the United States, if of foreign birth. Baltimore

Duration of Residence in the City of Baltimore, life

Place of Death, { Give Street and Number. 1007 Plum Alley

Cause of Death, { First (Primary), Diarrhoea
Second (Immediate), Exhaustion

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 23 / 87

{ Undertaker, H. Ross

{ Place of Business, Conway St

James A. Seward, M. D.

Medical Attendant, Congroft & R

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death.

H. C. Seward, S. J. [OVER.]

No. 1072

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 1612 Office of Registrar of Vital Statistics.

Ward 156

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, July 21st 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Amy Adams

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, — Years, 5 Months, 14 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, —

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Howard Co MD

Duration of Residence in the City of Baltimore, 3 Months

Place of Death, { Give Street and Number. } #103 Collington Av

Cause of Death, { First (Primary), Second (Immediate), } Dantition Convulsions

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem.

Date of Burial, July 22nd 1887

Undertaker, J. C. Grance

Place of Business, Frank & Wolf Address, 1519 E Baltimore St

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 1610

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 1613

Office of Registrar of Vital Statistics.

Ward 154

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. C

Date of Death,

July 21st 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Joseph Francis Kines

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age, 5 minutes Years,

Months,

Days

Color,

2 white -

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

908 William St.

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. }

908 William St.

Cause of Death, { First (Primary),
Second (Immediate), }

Protracted and severe labour

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Bonnie Brae

Date of Burial,

July 22nd 1887

Undertaker,

B. H. Steele

John Morris

M. D.

Medical Attendant.

Place of Business,

115 West St.

Address, 118 E. Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 1074

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 1614 Office of Registrar of Vital Statistics. Ward 18"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 21st 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Tobias Born

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 62 Years, 8 Months, 10 Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Laborer

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Germany

Duration of Residence in the City of Baltimore, about forty years

Place of Death, { Give Street and Number. } 322 Monroe

Cause of Death, { First (Primary),
Second (Immediate), }

Cirrhosis

Duration of Last Sickness,

Six weeks

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery

Date of Burial, July 23rd 1887

Undertaker, Dr. Lewis Schaefer

Medical Attendant

M. D.

Place of Business, 316 W Fremont Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 1615 Office of Registrar of Vital Statistics. Ward 22

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 22nd, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Frank Kusek

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years,

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. }

Cause of Death, { First (Primary),
Second (Immediate), }

Duration of Last Sickness,

Cholera Infantum

5 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Church

Date of Burial, July 23 87

Undertaker, Felix Pernowsky

Place of Business, 1832 McCormick Street

Address, 1709 Alice Church

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER]

No. 1076

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 1616 Office of Registrar of Vital Statistics. Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 22, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Stanislaus Ewinisty

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age,

Years,

3 Months,

14

Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

+

Occupation, +

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Balti. Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. }

1732 Lancaster St.

Cause of Death, { First (Primary),

Second (Immediate),

Chol. Infantum

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Ag. Cemetery

Date of Burial, July 23 87

A. V. Goswiler M. D.

{ Undertaker, F. Elx Broshawski

Medical Attendant

{ Place of Business 1732 Olsson St.

Address, 233 S. Ann St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER]

No. 1077

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 1417

Office of Registrar of Vital Statistics.

Ward 2nd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C

CERTIFICATE OF DEATH.

Date of Death,

July 23d, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Costilla Suchish

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

Years,

6 Months,

Days.

White

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

City

Duration of Residence in the City of Baltimore,

Since Birth

Place of Death, { Give Street and Number. }

E 726 S. Jum R

Cholera Infantum

2 weeks

Cause of Death, { First (Primary),

Second (Immediate),

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Church

Date of Burial, July 24 87

Undertaker, Felix Broszawski

John H. Rehberger

M. D.

Medical Attendant.

Place of Business, 1732 Almon St

Address, 1709 Alice Anna St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[GVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. A 1618

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 22nd 1887

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Lambert Gittings

Sex, Male or Female, { Cross out the word not required in this line. }

Sex, Male

Age, 80 Years,

10 Months,

22 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Merchant

Occupation,

Baltimore Co.

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Duration of Residence in the City of Baltimore,

Lifetime since birth

Place of Death, { Give street and number. }

6 Mt. Vernon Place

Cause of Death, { First (Primary),
Second (Immediate). }

Paralysis

Coma

10 months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem

L. E. Lindsay

M. D.

Date of Burial, 24th July 1887

Medical Attendant.

{ Undertaker, H. W. Jenkins & Sons

Address

{ Place of Business, Park & Saratoga

9 E. Read St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 1619 Office of Registrar of Vital Statistics. • Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 23, 1887
BALTIMORE, MD.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Effie B. Peters

Sex, Male or Female, { Cross out the word not required in this line. }

Female

Age, Years, 1 Months, 18 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

2304 Stockton St. West Baltimore

Duration of Residence in the City of Baltimore,

4 years

Place of Death, { Give Street and Number. }

2304 Stockton St.

Cause of Death, { First (Primary),
Second (Immediate), }

Inanition

Duration of Last Sickness,

3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mr. Oliver Handalstone Ball

Date of Burial,

July 23, 1887

G. H. Jones

M. D.

Undertaker,

J. B. Moughan

Medical Attendant.

Place of Business,

1408 Penna

Address, 1521 Pennsylvania

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]